

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>		10/584,399									
	<b>Filing Date</b>		June 4, 2007									
	<b>First Named Inventor</b>		Kazunari HASEBE									
	<b>Title</b>	HEATING TYPE BALLOON CATHETER DEVICE, AND ELASTIC TUBE DEVICE, etc.										
	<b>Art Unit</b>	3763										
	<b>Examiner Name</b>	Not Yet Assigned										
	<b>Attorney Docket No.</b>	360882016200										
I hereby revoke all previous powers of attorney given in the above-identified application.												
I hereby appoint:												
<input checked="" type="checkbox"/> Practitioners associated with the Customer Number: <span style="border: 1px solid black; padding: 2px 20px;">25227</span> OR <input type="checkbox"/> Practitioner(s) named below:												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Name</th> <th style="width: 15%;">Registration Number</th> <th style="width: 35%;">Name</th> <th style="width: 15%;">Registration Number</th> </tr> </thead> <tbody> <tr> <td style="height: 80px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Registration Number	Name	Registration Number				
Name	Registration Number	Name	Registration Number									
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.												
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<input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)												
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Signature		Date										
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.												
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